MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03451

3458 **CERTIFICATE OF DEATH** Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS County Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tracy's Landing 02X-2
STREET ADDRESS (If rural give location) Prince Frederick, Md. ✓

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Thomas (Last) Gray
4. DATE OF DEATH: (Month) 4 (Day) 13 (Year) 1954

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Nov. 8, 1906
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Gray
14. MOTHER'S MAIDEN NAME: Jeanett Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 218-30-3479
17. INFORMANT & ADDRESS: Fillie Gray Tracy's Landing A.A. Co.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X
Immediate cause (a) Cerebral accident
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/10, 1952, to 4/12, 1954, that I last saw the deceased alive on 4/12, 1954, and that death occurred at 7:35 AM from the causes and on the date stated above.

SIGNATURE H J Weene (Degree or title) Mo ADDRESS Huntington Md DATE SIGNED 13/4/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 4-16-54 NAME OF CEMETERY OR CREMATORY Carters Chapel LOCATION (City, town, or county) A A Friendship (State) Md

DATE REC'D BY LOCAL REGISTRAR 4-14-54 REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P E Sewell ADDRESS Prince Frederick Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3459 CERTIFICATE OF DEATH

Reg. Dist. No. 03452 57

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunderland X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunderland X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) E. (Last) Guam.

4. DATE OF DEATH: (Month) 4 (Day) 1 (Year) 1954

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 1-4-1884

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Levin Hoye

14. MOTHER'S MAIDEN NAME: Alice Giles

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Alice Smallwood. Sunderland, Md

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
331X Immediate cause	(a) Cerebral Hemmorhage	48 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebral sclerosis	10 yrs
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/30, 1954, to 4/1, 1954, that I last saw the deceased alive on 4/1, 1954, and that death occurred at 1:30 P.M. from the causes and on the date stated above.

SIGNATURE R. W. Ward (Degree or title) ADDRESS Owings DATE SIGNED 4-3-54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 4-4-54 NAME OF CEMETERY OR CREMATORY Mt. Hope LOCATION (City, town, or county) Sunderland (State) Md.

DATE REC'D BY LOCAL REGISTRAR 4.3.54 REGISTRAR'S SIGNATURE N. W. Ward

24. FUNERAL DIRECTOR P E Sewell Prince Fred, Md ADDRESS

VS. A15

RECEIVED
APR 6 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3460 CERTIFICATE OF DEATH

03453-37
Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fr. Fred. X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS County 20 County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Huntingtown Md. X
STREET ADDRESS (If rural give location) Prince Frederick Md.

3. NAME OF DECEASED: (Type or Print) (First) Fymes (Middle) S (Last) Hurley.

4. DATE OF DEATH: (Month) 4 (Day) 21 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: C

7. SINGLE, (MARRIED,) WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Oct. 28 1911

9. AGE Last birthday: 42 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farm Jement-

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Hurley

14. MOTHER'S MAIDEN NAME: Priscilla Jones

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-16-3021

17. INFORMANT & ADDRESS: Paulin Hurley, Huntingtown, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

160 X

Immediate cause (a) Carcinoma of nose.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/8 1952 to 4/21 1954, that I last saw the deceased alive on 4/21 1954, and that death occurred at 12:35 PM from the causes and on the date stated above.

SIGNATURE H. Weems — (Degree or title) MD — ADDRESS Huntingtown Md — DATE SIGNED 4/22/54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 4-24-54 — NAME OF CEMETERY OR CREMATORY St Edmonds — LOCATION (City, town, or county) Calvert Co. — (State) Md

DATE REC'D BY LOCAL REGISTRAR 4-22-54 — REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR — ADDRESS P. E. Sewell Prince Frederick, Md.

RECEIVED
APR 23 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03454

3461 CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pr. Frederick
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Solomons
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Ethel Bertrude Lusby

4. DATE OF DEATH: (Month) (Day) (Year) 4 18 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb 23, 1900
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Calvert Co, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Mattingly
14. MOTHER'S MAIDEN NAME: Mary B. Tartleton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: No
17. INFORMANT & ADDRESS: Mr. Clifford J. Lusby - Solomons, MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 X

Immediate cause (a) Cerebral Hemorrhage

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Hypertensive Dis.

DUE TO

(c) Diabetes Mellitus.

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/15, 1954, to 4/18, 1954, that I last saw the deceased alive on 4/18, 1954, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS [signature] DATE SIGNED 4/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Apr. 21, 1954
NAME OF CEMETERY OR CREMATORY Solomons Methodist
LOCATION (City, town, or county) (State) Solomons - Calvert Co - Md.

DATE REC'D BY LOCAL REGISTRAR 4-20-54
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 21 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03455

3462 CERTIFICATE OF DEATH

Reg. Dist. No. 51

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Republic X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —— X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Republic X
STREET ADDRESS (If rural give location) ——

3. NAME OF DECEASED: (Type or Print) (First) Wilson (Middle) H. (Last) Yoe

4. DATE OF DEATH: (Month) April (Day) 22, (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: Oct. 29, 1898
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months 5 Days 23 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Calvert County, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Yoe
14. MOTHER'S MAIDEN NAME: Mahala Holt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: No
17. INFORMANT & ADDRESS: John Yoe - Port Republic, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

976X

Immediate cause (a) Hemorrhage due to

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Gunshot wound of left chest

DUE TO (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Found dead in living room

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION ——
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
CITY OR TOWN Port Republic (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) 4 (Day) 22 (Year) 1954 (Hour) 8 a.m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Gunshot

22. I hereby certify that I attended the deceased from ——, 19....., to ....., 19....., that I last saw the deceased alive on ——, 19....., and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE H. W. Ward (Degree or title) M. E. ADDRESS Owing Md DATE SIGNED 4/22/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Apr. 24, 1954
NAME OF CEMETERY OR CREMATORY Christ Church Cem.
LOCATION (City, town, or county) Port Republic (State) Md

DATE REC'D BY LOCAL REGISTRAR 4-23-54
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Harkness & Son - ADDRESS Mutual, Md

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APR 26 19[illegible]
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